

CLAIMS AMENDMENTS

1. (amended) A system for the payment of service fees to service providers for services rendered to service receivers, comprising the steps of:

- ~~_____ a. _____ service providers;~~
- ~~_____ b. _____ service receivers; and~~
- ~~_____ c. _____ a clearinghouse;~~

wherein,

a. _____ having the service providers subscribe with ~~the~~a clearinghouse to provide services to the service receivers;_i

b. _____ having the service receivers subscribe with the clearinghouse to receive services from the service providers;_i

c. _____ allowing the service receivers to select a specific service provider who has subscribed to the clearinghouse to act as a primary service provider for the service receiver;_i

B
d. _____ having the clearinghouse ~~collects~~collect plan fees from the service receivers on a set periodical basis and ~~distributes~~distribute at least a portion of the plan fees to the selected service provider on a set periodical basis as payment fees;_i and

e. _____ allowing the service receivers to receive services from the selected service provider.

2. (previously amended) The system characterized in Claim 1, wherein the clearinghouse collects the plan fees from the service receivers for a set period of time.

3. (previously amended) The system characterized in Claim 2, wherein the clearinghouse distributes the payment fees to the selected service provider for a set period of time.

4. (previously amended) The system characterized in Claim 3, wherein the selected service provider provides a predetermined type of service to the service receivers.

5. (previously amended) The system characterized in Claim 4, wherein the selected service provider provides a predetermined quantity of services to the service receivers.

6. (previously amended) The system characterized in Claim 1, wherein the service receivers pay a co-payment fee to the selected service provider when the service receivers receive the services from the selected services provider.

7. (canceled)

Bid
8. (previously amended) The system characterized in Claim 1, wherein if the service receiver is provided services from a service provider who has subscribed to the clearinghouse but who has not been designated as the primary service provider for the service receiver, the service receiver pays to the non-primary service provider a service fee and the non-primary service provider receives a fee from the clearinghouse.

9. (original) The system characterized in Claim 1, wherein if the service receiver receives services from a service provider that is not subscribed to the clearinghouse, no fee is paid to the service provider by the clearinghouse and the service receiver is liable for the service providers entire fee.

10. (previously amended) The system characterized in Claim 5, wherein if the service receiver receives services from the selected service provider in a quantity greater than the predetermined quantity, no fee is paid to the selected service provider by the clearinghouse for any services over the predetermined quantity and the service receiver is liable for the selected service providers' entire fee.

11. (previously amended) The system characterized in Claim 5, wherein if the service receiver receives services from the selected service provider in a quantity greater than the predetermined quantity, no fee is paid to the selected service provider by the clearinghouse for any services over the predetermined quantity and the service receiver is liable for the selected service providers' fee at a reduced rate.

12. (original) The system characterized in Claim 1 in combination with an insurance coverage product.

13. (amended) ~~A~~The system for the ~~payment of medical fees comprising:~~
~~a. characterized in Claim 1, wherein the service providers are doctors;~~
~~b. and the service receivers are patients; and~~
~~c. a clearinghouse,~~
wherein, ~~the doctors subscribe with the clearinghouse to provide a predetermined quantity of medical services to the patients, the patients subscribe with the clearinghouse to receive medical services from the doctors, the patients select a doctor who has subscribed to the clearinghouse as a primary doctor for the patients, the clearinghouse collects plan fees from the patients on a set periodical basis and distributes at least a portion of the plan fees to the primary doctor as payment fees on a set periodical basis, and the patients receive medical services from the primary doctor.~~

14. (canceled)
15. (canceled)
16. (canceled)
17. (canceled)

18. (amended) A ~~system~~method for the payment of medical service fees to doctors for medical services rendered to patients, comprising the steps or:

- ~~a. service providers;~~
~~b. service receivers; and~~
~~c. a clearinghouse,~~

wherein,

a. having the service providers~~doctors~~ subscribe with the~~a~~ clearinghouse to provide a predetermined quantity of medical services to the service receivers~~patients~~;

b. having the service-receiverspatients subscribe with the clearinghouse to receive medical services from the service-providersdoctors;

c. allowing the service-receiverspatients to select a specific service providerdoctor who has subscribed to the clearinghouse to act as a primary service providercare doctor for the service-receiverpatient;

d. having the clearinghouse collectscollect plan fees from the service receiverspatients on a set periodical basis for a set period of time and distributes distribute at least a portion of the plan fees to the selected-service-providerprimary care doctor on a set periodical basis for a set period of time as payment fees; and

e. allowing the service-receiverspatients to receive medical services from the selected-service-providerprimary care doctor, wherein the primary care doctors set their own fee schedules forthe medical services rendered to the patients and are paid by the clearinghouse according to the fee schedule.

19. (amended) The system characterized in Claim 18, wherein the selected-service-providerprimary care doctor provides a predetermined type of medical service to the service-receiverspatients.

20. (amended) The system characterized in Claim 19, wherein the selected-service-providerprimary care doctor provides a predetermined quantity of medical services to the service-receiverspatients.

21. (amended) The system characterized in Claim 20, wherein the service-receiverspatients pay a co-payment fee to the selected-service-providerprimary care doctor when the service-receiverspatients receive the medical services from the selected-service-providerprimary care doctor.
